

CLATSOP COUNTY PUBLIC HEALTH

1950 TO 1990





1912 Cure-All Device Threat To Users, Found Radioactive

9-20-67 *Astorian*

An old ceramic crock, patented in 1912 as the Revigator and claimed then to be a cure-all device, could have been fatal to its users, Dr. Noel Rawls, county health officer, said Wednesday after a radiation detector gave a violent reaction to its radium lining.

The crock had been in the possession of a Clatsop county woman for some time.

Clatsop county sheriff Carl Bondiotti said the unidentified woman brought the crock to his office after learning in Idaho while on vacation that the crock had a high radioactive reading.

The woman told the sheriff she and her husband learned from a man in Idaho who also owned one that hers should be checked. It will be destroyed by the Oregon department of health, Bondiotti said.

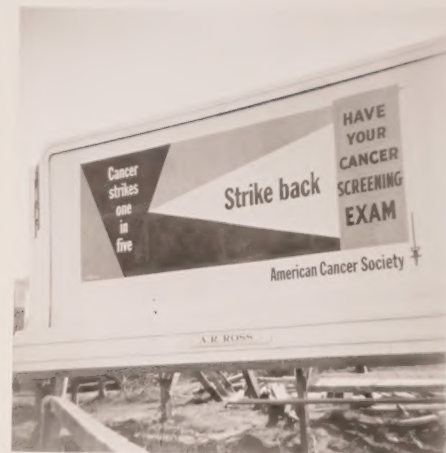
Writing on the lid of the 15-inch tall crock says 'Revigator Radium Ore'. It has a patent date of July 16, 1912, and its 'Revigator' trademark is registered.

The directions call for: "1) Fill jar every night. 2) Use hydrant (faucet) or any good water. 3) Drink freely when thirsty and upon arising and retiring. Average six or more glasses daily. Scrub with stiff brush and scald monthly."

Dr. Rawls said that over a period of time exposure to the radium in the lining could breakdown blood cells, causing leukemia, which usually is fatal.



Drinking water from this old crock could be fatal, according to Dr. Noel Rawls, county health officer. The crock, patented in 1912, is lined with radium ore. (Daily Astorian Photo)



Clatsop County - Public Health
Campaigns - Banning Baiting -
1940s?



FLAVEL MEMORIAL HOUSE
ASTORIA, OREGON

Annual Report

FOR YEAR ENDING
DECEMBER 31, 1939

Clatsop County Health Department

Boyrington Building
Health Department 1954



Bayington Bai Lany
Health Department 1954





Ask yourself
these questions

Persistent
hoarseness
or cough?

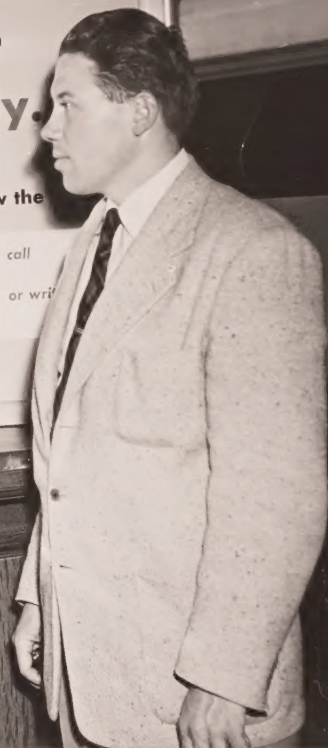
Learn and live!

▶ too many
people
die of
cancer
needlessly.

because
they don't know the

of the
AMERICAN CANCER SOCIETY
will be glad to
give you the facts

call
or write





OREGON STATE BOARD OF HEALTH

DATE TAKEN 7/3/54

NAME William J. ...

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PHOTOGRAPHER ...

Dr. Karl





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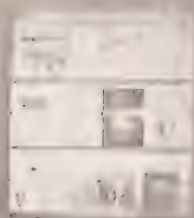
CLATSOP COUNTY HEALTH DEPT.







PRIVATE







OREGON STATE BOARD OF HEALTH

DATE TAKEN 2-13-14

NAME Clatsop County

ADDRESS Astoria

CAMERA Graphic

PHOTOGRAPHER G. A. [illegible]





THE 1918-19 "SPANISH" INFLUENZA EPIDEMIC IN CLATSOP COUNTY: A CHRONOLOGY

by Liisa Penner

phy appears in the 1928 book *Women of the West: A Series of Biographical sketches of Living Eminent Women in the Eleven Western States of the United States of America*, edited by Max Binheim. The biography omits Clara's first husband.

"Waffle, Clara Wilhelmina, (Mrs.), M.D. Child Specialist. Born in San Francisco, California, February 11, 1874, daughter of Benjamin and Christiana Young. Parents moved to Astoria, Oregon, and became pioneer salmon packers on Columbia and Frazier Rivers. Married in 1910 to Dr. Eldred B. Waffle. Children Clara Josephine, Frances Elizabeth. Practices medicine together with her husband. At one time City Health Officer. Has

traveled extensively and has studied music in Germany and Sweden. For 16 years, instructor to nurses at St. Mary's Training School. Member: Friday Music Club. Home: Astoria, Oregon."

After a long career as a local physician, health officer and teacher, Clara Wilhelmina Waffle died September 1, 1953 in Astoria at the age of 79. She was buried at Greenwood Cemetery between the graves of her two husbands.

"Through adversity to the stars" might have been her motto. ♣



Clara Young Reames (third from left) in dissecting room of the University of Oregon Medical School, ca. 1906

Each fall, waves of newly mutated influenza viruses spread across the world bringing a few days of misery to millions of victims. Because immunity conferred by one strain of virus does not protect against the next to arrive, no one was safe from them until recently.

For most victims, the disease is little more than an inconvenience; very few of those infected get complications such as pneumonia. But, once in a while, a killer virus is let loose. In the fall of 1918, a virus, commonly known as "Spanish influenza," brought more than misery; it brought death to more than twenty million people in the world and one half million in the United States. In Oregon, it killed two thousand and here in Clatsop County, over a hundred and fifty people died, most within a three to four month period.

We are all familiar with the symptoms of influenza: a cough, headache, muscular stiffness and aching, fever, chills, sweating, fatigue, and some-

times, nausea and vomiting. Many of us have also experienced pneumonia or other complications that followed a bout of the flu. These are generally deadly only to the elderly, the very young and those who suffer serious health problems.

A peculiar characteristic of the flu that spread in the winter of 1918-19 was that most of the victims were healthy men in their twenties and thirties. Another was that they died soon after contracting the disease. One day, they were walking about, carrying on with their usual work and two or three days later, they were lying among the dead waiting to be buried.

Forty to eighty percent of the fatal pneumonias were due to primary infections of a particularly vicious type of virus. The rest were due to secondary bacterial infections.

Vaccines are now developed each year to fight the forms of influenza viruses that have been identified as the ones most likely to appear, thereby protecting those who are at risk of

NURSE TRAINING AT SAINT MARY'S

by Larry Francis Ziak

Between 1909 and 1948 Saint Mary's Hospital in Astoria, Oregon, ran a nurse training program through which 245 women became Registered Nurses (RNs). What follows is an eleventh-hour description of that three year schooling process during its final, transformational decade of existence.

IN SEPTEMBER 1940, when my mother Mildred Hallock [Ziak] entered its nursing school, Saint Mary's Hospital consisted of two connected buildings. Most patient business and all healing procedures occurred within a western, brick sec-

tion built in 1931 (known nowadays as The Owens-Adair Apartments at 1508 Exchange Street). Meanwhile the wooden predecessor hospital (raised in 1905, razed in 1975) stood to the east, containing housing and support services for select females engaged in a study program to pass state nursing exams. Despite the complexities it entailed, nearly twenty-five percent of American medical institutions operated such a school inside their walls. They did this to help meet society's exploding need for nurses; plus stock the pool of potential future



THE 1931 WEST WING ADDITION TO SAINT MARY'S HOSPITAL.



ST. MARY'S HOSPITAL. CA. 1912

employees.

Saint Mary's was owned by a Roman Catholic order based in Montreal Canada, called the Sisters of Charity of Providence. Fifteen to twenty served locally as hospital overseers, each an expert in whatever department she supervised. Many were registered nurses in their own right, and every floor was managed by one of these RNs. Other nuns were strictly regulators, confined to institutional desk work. All wore an identical black habit (body covering), white coif (head piece), and silver cross. When working around medical patients, however, a white tunic supplanted the formal black. Each Sister's private room, reputedly simple and sparsely furnished, was on

the wooden wing's fourth floor. The hospital chapel was likewise located there, as was its in-house priest. This latter pair were accessible to anybody in the community; indeed, an open mass commenced daily at 6:00 AM. By request, the goodly Father would also visit patients and deliver communion. You didn't have to be Catholic to receive treatment at Saint Mary's, of course. Nor to enlist in its nursing school.

STRUCTURE AND TEXTURE

A new contingent of these students was created each September and its size varied at the outset, yet typically totaled fewer than twenty. Some years a "midterm class" might matriculate during the month of March. Their

Rawls Leaves County Health Post

Clatsop Health Officer Gives Notice He Will Take Benton County Job

Dr. Noel B. Rawls, who has been Clatsop County Health officer since 1962, resigned Thursday to take a job as Benton County health officer. The resignation is effective July 13.

County Commission Chairman Lyle Ordway said the resignation caught commissioners by surprise Thursday, "but he told us he was thinking about leaving a while ago."

Asked about a replacement,

Ordway said some physicians evidently already know there will be a vacancy and plan to contact commissioners.

The State Board of Health also will be contacted if necessary, Ordway added.

Rawls, in an interview Thursday afternoon, said he decided to resign because the Benton County job offers a better opportunity.

Several private physicians work part-time for Benton

County, he explained, freeing the health officer to do other things.

"You simply aren't as tied down," he said.

Rawls also said he looked forward to the prospect of working in a college town in the Willamette Valley. The Benton County seat is Corvallis, home of Oregon State University.

Asked if he was pressured to leave, Rawls replied that he wasn't, but said the last year had been particularly difficult because of changes in State Health Division regulations.

Rawls said he often felt caught between restrictive State regulations on one hand and "what everybody wants" on the other.

"People expected us to bend the rules and it became difficult. This is true in many small counties where one man has to carry on all facets of the department himself," Rawls said.

However, he added the difficulty of the job wasn't enough to make him leave.

"It was the opportunity to go to a university setting."

Rawls started as Clatsop



DR. NOEL B. RAWLS
Takes Benton Job

County health officer on a part-time basis in 1962 and eventually took over full-time in 1964.

He also is a member of the State Board of Health



Clatsop health officer sees need for Seaside, regional hospitals 11-16-67

A new Seaside hospital and the proposed county or regional medical center will have their places in Clatsop county, Dr. Noel B. Rawls, county health officer, told Seaside Chamber of Commerce members at their luncheon meeting Tuesday in the Seaside Grill.

It would be a "very minimum" of three years and probably five years or more before a county medical center could be ready for use while, if the bond issue on which there will be a special election on January 18 is approved, there could be a new Seaside hospital within two years, Dr. Rawls predicted. In the meantime, the new 94-bed nursing home in Seaside will be ready about April 1 and will relieve the hospital of some pressure, he added.

Opening his talk on the proposed county medical center, Dr. Rawls said that the comprehensive health planning bill passed by Congress last year requires that states have health planning bodies. Oregon's is organized directly under Gov. Tom McCall. The committee recently set up in Clatsop county was scheduled to have its first meeting Wednesday in the courthouse. It is composed of representatives of the county and city governments, Port of Astoria, hospitals, various medical professions, nurses and health associations.

Purpose of the county comprehensive health planning committee is to study such matters as health facilities, manpower and environmental health problems, of which Clatsop county has plenty, he said. Its first action, after organization, will be to ask for funds for study of the need for a county medical center and where it should be built, Dr. Rawls predicted. He also said that he believed the study should be made by a person from outside of the county.

Explaining the need for a health facilities study, Dr. Rawls said that Astoria has two hospitals, both built in the 1920's. Columbia has 32 active beds. St. Mary's has old and new buildings but no parking space and cannot expand. Both are supported by church groups and both have money problems, he added.

The south end of the county has Seaside hospital, which does not meet modern standards, and a new nursing home coming up. It also

has the Seaside union hospital district. He added that Clatsop county is one of the few in the state with three hospitals and the only one with a population of 31,000 that has three hospitals.

"A single hospital in the county does offer some advantages," Dr. Rawls continued. It would get more beds into one unit reducing the cost per bed. Three hospitals must have three X-ray technicians, three laboratory technicians and so on. A single hospital with 100, 120 or 150 beds would have a chance of getting more specialists for its staff.

Referring to health care of people, Dr. Rawls cited medical problems in acute care cases and pointed out that the new coronary care unit has to be monitored constantly by a skilled nursing team consisting of a minimum of six nurses, considering around-the-clock attention, days off and vacations. Three hospitals would mean 18 highly trained nurses, he added.

Asked where the county medical center should be built, Dr. Rawls said it should be near the center of population -- north of Seaside, south of Astoria -- where the center of population will be in 1975. He also expressed the belief that injured persons soon will be transported by helicopter from accidents on Sunset highway.

In reply to a question about the suitability of the present Seaside hospital location he said he does not think it would meet requirements for many years. It would have to have a heliport in a few years. He also said that a hospital at that site could not be expanded very far.

"We used to say a hospital needs one parking space for each bed," Dr. Rawls continued. "Now, we think it needs three car spaces for each bed. The shifts change at 3 p. m. and there has to be a space for each employee going on duty and each one going off duty. And, the change comes right in the middle of visiting hours. The present site does not have enough space."

Dr. Rawls added that in 10 years all acute care would be in a regional hospital and Seaside hospital could be converted to extended care for patients who had recovered sufficiently from accidents, surgery or illness not to need the intensive care.

Clatsop VD Rate Down

Dr. Noel Rawls said Tuesday numbers of venereal disease cases in Clatsop County are clearly on the decrease, and credited early detection and follow-up treatment for that fact.

The Clatsop health officer said a major factor in the decrease was that all young women coming into the Tongue Point Job Corps Center are screened for venereal disease and treated if they have such disease. He termed the Tongue Point effort "tremendous."

Clatsop County used to lead all other Oregon counties in numbers of venereal cases reported. Rawls said continually one reason for that was that Clatsop County was inspecting for venereal disease more thoroughly than most other counties.

"The better job we do the worse we look," he said.

Rawls said of the venereal cases in the county, 80 to 85 per cent are among corpswomen and 15 to 20 per cent are among the rest of the population.

The health officer told members of the Astoria Kiwanis he was trying to persuade the State Health Division to credit venereal cases among incoming corpswomen to the counties or states from which the women come rather than to Clatsop County.

On another subject, Rawls said he received a phone call recently from Gov. McCall about setting up a family planning clinic in Seaside.

Rawls said the governor called because someone told him of a 15-year-old unmarried girl from Seaside who wanted help on birth control, but felt she couldn't gain assistance from the County Family Planning Clinic in Astoria without her parents finding out.

Rawls said he told the governor he would support a clinic in Seaside if the State would help financially, adding it probably would cost some \$5,900. Rawls said no word has been received back from the State.

On other topics, Rawls said:

—Officials of Columbia and Columbia Memorial hospitals have been told by the State to install building sprinkler systems for fire protection. He said the State also said the incinerator at Columbia Memorial should be removed. Rawls said another State agency seemed to be requiring such an incinerator, so he requested the hospital be given until May 1 to decide what route to take.

—A "natural" way of fighting mosquitoes in Clatsop County is under study—importing the gambusi fish, which can live in small amounts of water and likes to eat mosquitoes.

Rawls said he though using the gambusi was preferable to spraying for mosquitoes, adding that County employees failed to obtain licenses to spray with insecticides.

—A Clatsop-Tillamook health department is coming in the future, in line with the governor's administrative district concept.

—Mike Forrester

Help Ahead?

Last week's meeting between Clatsop officials and L.B. Day in Portland apparently brought progress in Clatsop County's big sewage-disposal problems.

Director Day of the Dept. of Environmental Quality said his agency would probably finance most of the planning costs on a Clatsop Plains sewerage project, might give Arch Cape higher priority for State aid on sewerage construction and would try to find alternatives for Westport's sewage problems.

Oregonians approved two years ago the State bonding itself for sewerage funds to communities. But it's been unclear whether those funds can go just for construction of sewer works or for the engineering of such projects as well. Day's comment last week made it pretty clear the answer is the bond funds can go for engineering, too.

That's good, because the estimated cost of engineering plans for a Clatsop Plains sewerage project is \$148,000. Construction and paying for construction will be another hurdle, but at least hope has appeared that the engineering can be started.

Pressure for development on the Plains is increasing. Clatsop commissioners served notice recently that they might contest the DEQ's order which has banned since 1971 construction of anything on the Plains housing more than five families or more than 50 persons.

Arch Cape has also been under a ban, since 1966. A service district has been formed there, but lack of funds has held things up.

"Lack of funds" is putting it mildly, because engineers have estimated it will cost \$858,000 to put a sewerage system on that oceanfront strip in the southern part of the county. That will be a problem even with the 55-per-cent State-Federal funding which Day discussed. Fifty-five per cent government aid would still leave some \$386,000 for Arch Cape residents to pick up.

The same kind of problem is hampering efforts to solve the Westport-area sewage situation.

Engineers figure a sewerage system there will cost around \$1 million, although the population is just 700 to 800. Perhaps the system envisioned will have to be scaled down, as suggested by Health Officer Dr. Rawls and others.

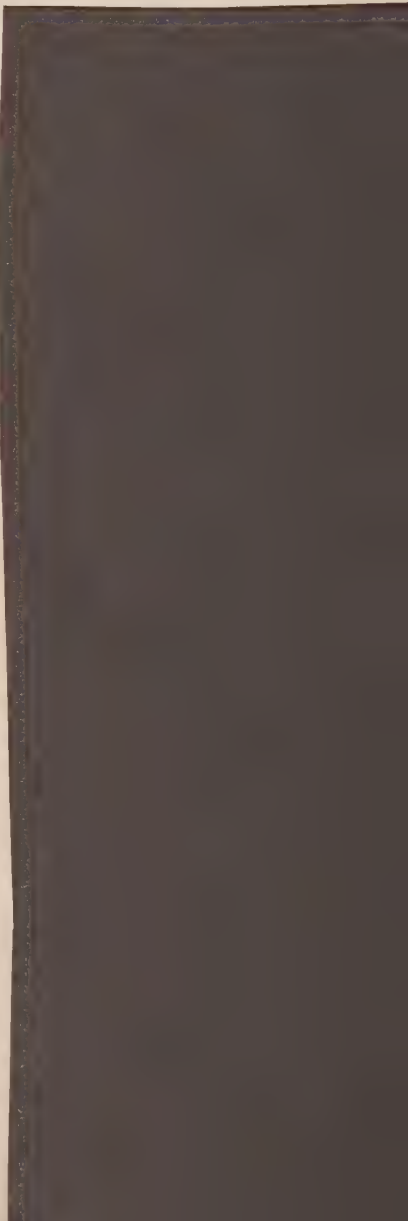
In all the talk about planning and building sewerage projects so development can continue, the over-all good of the county should be kept firmly in mind.

Pressure to develop the Oregon Coast, from Clatsop County to Curry in the south,

is immense. Clatsop officials have received abundant proposals for condominiums, golf courses, convention facilities, trailer parks and other developments the past few years, even when major construction has been banned in many areas. Once those bans are lifted, watch out.

It will be most important that the sewerage planning, especially on the Plains and at Arch Cape, be fitted into the comprehensive land-use plan which has just been started by Skidmore, Owings & Merrill.

Planning for sewers and resuming major construction are fine only if officials and residents have the plan and regulations to ensure orderly growth. Otherwise, such growth could be disastrous.



Reasons Behind the Resignations

The imminent departure of Dr. Noel Rawls for Benton County takes from Clatsop County a health officer of long experience and considerable skills, called by one State Health Dept. staffer "the best health officer in the state." But there is more to it than that.

Rawls's leaving is only the latest of several departures of officials from Clatsop County government.

Buckley Vaughan, County sanitarian who was here 27 years, left in 1971 to take a job with Clackamas County. His successor, David O'Guinn, was here 14 months and then left to the State Dept. of Environmental Quality. County planner Dick Bewersdorff departed in January for a job with Lincoln City. Planner Jan Hedges left shortly before Bewersdorff did.

Neither Vaughan nor O'Guinn said anything negative publicly about the conditions under which they worked. Bewersdorff and Hedges did: that they felt the attitude of the County commissioners didn't favor planning, especially where planning held up construction that would increase the tax base.

Bewersdorff criticized what he said was a tendency of some officials to want to figure out ways around ordinances when supporting proposed developments. Hedges described what he said was a lack of support for water and land planning by County officials.

In his statements upon resigning, Rawls said Benton County offered him a good opportunity, said he wouldn't be as tied down in a county with more physicians and said changes in State regulations had made his job difficult. He said nothing negative about conditions in the County government.

The Daily Astorian has talked to several persons about this situation and has found that in only one of the five resignations mentioned above was there no overt dissatisfaction with County officials' attitudes toward planning. There was such dissatisfaction in the other four cases.

Inquiries brought out this information:

—One former official said he received pressure to violate laws and regulations. He said Courthouse thinking was on a day-to-day basis with no interest shown in long-range consequences of decisions.

—One former official said he thought the pressure of many pro-economic development residents of Clatsop County was "more than the commissioners could bear" even though some commissioners saw value in planning.

—One former official said the prevailing attitude among County commissioners was that proposals for projects that would increase the tax base should be approved and that objections or criticisms of such projects were viewed as obstructions to economic progress.

—Two former officials singled out County commissioner Lyle Ordway as having shown little or no interest in planning or orderly procedures.

When persons have such criticism it is preferable to attribute their statements to them by name. In these cases, however, the former Clatsop officials said they didn't want their names used, and The Daily Astorian felt the seriousness of their comments merited the printing of those comments.

It is a serious situation, which the County commissioners had better discuss and remedy immediately.

It isn't just the impression that orderly planning rates far down on the totem pole in the Courthouse, a condition on which this newspaper has commented before. Clatsop County and its residents are losing some highly experienced and valuable officials.

How many knowledgeable, qualified sanitarians are willing to come to a county as small as this? Probably few. How many physicians, faced with the lure of private practice, are willing to be county health officer here, whether they're competent or not? Darned few.

Noel Rawls is politically adept and has had his critics. He has also brought progressive, beneficial health services to the people of Clatsop County, sometimes pioneering for the state. His leaving is a serious loss.

Clatsop residents should demand that the present commissioners address this situation, reflect on what has happened and examine their attitudes toward sound planning and regulations. Evidence indicates that economic development for development's sake has been the guiding force in the Courthouse.

Rep. Wendell Wyatt is proposing a national speed limit of 55 miles per hour for motor vehicles in an attempt to meet the shortage of oil and oil products. He says it would reduce gasoline consumption by 5 to 10 per cent.

That makes sense, but the country might consider another step, suggested by a New York Times writer: require that most cars made in this country have four-cylinder engines. The only exceptions would be emergency vehicles and perhaps certain VIP limousines.

The writer pointed out that the difference between a four-cylinder engine and an eight-cylinder engine is getting around 25 miles per gallon vs. 10 to 15 miles per gallon.

Examination of the country's fuel-consumption habits has probably been inevitable for some time. Now that examination time is here, the country might as well look at all aspects of the situation.

7-28 1945



Visit Hospital The Oregon State Hospital ward for Columbia, Clatsop and Tillamook Thursday hosted a group of 50 civic and governmental officials at an open house. From left are Dr.

Noel B. Rawls, Clatsop health officer; Ron Merritt, Astoria; Kathy Rosenberg, Lincoln City; Mrs. Riley Timmons St. Helens; Mrs. Nadine Nunn, social worker for the hospital unit. (Statesman photo)

Volunteers Plan for Visit of Mobile X-Ray Unit



Plans were made for the visit of the mobile chest X-ray unit to Clatsop county starting March 30 at a meeting this week of volunteer workers who will man the unit. From left seated are Mrs. Lloyd Fletcher, executive secretary, Clatsop TB and Health association; Mrs. Al Mather, chairman of volunteers; Mrs. Robert Gauthier, Beta Sigma Phi; Mrs. Arnold Swanson, Lions auxiliary; Mrs. George Niemi, Anchor club; Mrs. James Spain, Zeta chapter, Beta Sigma Phi; standing, Mrs. O. C. Svehaug, Jewell; Don Harmon, Oregon TB and Health association, Portland; Don Swanson, Oregon health department, Portland; Mrs. Howard B. Joffie, Emblem club;

Mrs. Carlisle Krusi, Beta Sigma Phi; Mrs. Henry Carlson, Jewell; Mrs. C. C. Leback, Knappa PTA; Mrs. Tom Dulaney, Lewis and Clark PTA; Mrs. Sally Condit, Mrs. B. Vaughn and Mrs. Carl Tolonen, county health department; Mrs. Otto Hill, Rebekah lodge; Mrs. Kenneth Classen, Legion auxiliary. Mrs. Mather noted that this year the unit will be stationed on Exchange off 11th, beside the Elks club, for the entire Astoria stay. This will permit people to wait in the club building in case of inclement weather and free coffee will be served by volunteers.

County Health Office Busy; Four Join Staff



REX CAMP



VIOLA ABRAHAMSON



BARBARA ENGBRETSON

Clatsop county is not exactly booming but things are on the move, and this is reflected by the county health department where four new people have been hired.

Medicare is responsible for the employment of one person. Three new faces can be attributed to expanding services due to county population growth and more business, according to Dr. Noel Rawls, county health officer.

The four new staff members include two public health nurses, a home health service book-keeper and an assistant sanitarian. They are Rex Camp, Mrs. Idamae Forney, Mrs. Viola Abrahamson and Mrs. Bar-

bara Engbretson. The latter two are public health nurses.

Mrs. Forney went to work for the county this past summer and her duties relate to medicare since the program is considered a home health service. She also serves as a secretary part-time.

Camp and the two nurses were hired at the health office more recently. Camp assists the regular sanitarian in an expanded program and the same is true of the duties of Mrs. Abrahamson and Mrs. Engbretson.

Camp, 25, married and from San Diego, Calif., is responsible for inspecting public and semi-public facilities. These include hotels, motels, trailer parks, restaurants, picnic grounds, foster homes and schools. Also he is assigned to work closely with civil defense.

He and his wife Kathy reside at West Lake on Highway 101. He is the son of a US navy career officer and had two years of college. He also spent four years in the air force and served as a sanitation specialist with this branch of the service at Moses Lake, Wash.

The young assistant county sanitarian enjoys hunting and fishing and formerly instructed water skiing. Camp said his work has been most satisfactory here. He and his wife have no children.

Mrs. Forney is married and the mother of two children, a boy and a girl who attend Warrenton schools. She was born in Clatsop county and always has resided in this area. Her work confines her to the county health office at 857 Commercial.

Mrs. Abrahamson, a native of Astoria, is daughter of Mr. and Mrs. Walter L. Anderson, also natives of this city. She has one daughter who attends the local junior high. Mrs. Abrahamson's work takes her to the five Astoria schools periodically. She graduated from St. Mary's school of nursing here in 1939 and has been in this profession ever since.

Mrs. Engbretson resides at Jewell and she mainly serves the rural school areas as a nurse. A graduate of the University of Oregon nursing school in 1959, she and her husband are parents of three small boys. She was a hospital nurse in Astoria for seven years. Her work in the county also brings her in contact with problems connected with medicare.

Other personnel in the health office are Buckley Vaughan, senior sanitarian; Sally Condit and Ellen Tolonen, public health nurses; Katherine Vaughan and Aini Duoos, secretaries.

Swedes are among the world's greatest walkers. The national fitness test in Sweden, which more than three million Swedes have passed, consists of four consecutive days of walking up to 35 miles a day.



Getting her smallpox vaccination, without a whimper, is Teter Kopan, a second grade student at Cannon Beach school. Watching is Lisa Jessup, a first grader. Both are new to Oregon schools. The vaccinations and inoculations were given by Clatsop county public health nurses, Barbara Engbretson, kneeling, and Ellen Tolonen. Students also were given physical examinations by Dr. Noel Rawls, county health officer.



Prospective pupil eyes the needle at the health screening clinic at Central School last week.

8-49-74

Astoria Clinic Manager Objects To County Giving Hearing Tests

Arnold Swanson, manager of the Astoria Clinic, has objected to the Clatsop County Health Department's plan to give hearing tests to employes under the Federal Health and Safety Act.

Swanson told the County commissioners last week he feels the County will be in direct competition with private business as they give the tests. He said the Astoria Clinic has an audiograph machine and employs qualified personnel to administer hearing tests.

He also said the clinic was not consulted before the Health Dept. proposed the additional service.

The Commission authorized

the hearing test program two weeks ago after County Health Officer Dr. Noel B. Rawls said the County could provide the service to industry. At that time, he said, some 400 employes of industries which have noise problems would be tested in the next year by three audiologists in the health department.

Rawls also said the State would analyze the results of the hearing tests. The program would cost the County \$500 primarily for overtime pay for the hearing test nurses but would eventually bring in \$1,000 from a \$3.50 per test fee.

In response to Swanson's objections, the Commission said

it would consult with Rawls and possibly set up a meeting between the Health Dept. and local clinics. Commission Chairman Hiram Johnson said today a meeting had not been set up yet.

He also said it was not the Commission's intent to compete with private business. Commissioner Verne Stratton said he assumed there would be no conflict with doctors in the area.

In other business last week, the Commission:

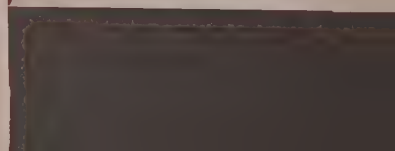
— Authorized County Roadmaster John Dooley to work through the district attorney on a plan to obtain a \$5,000 performance bond before granting Pacific Lumber and

Shipping Co., of Longview, a log haul permit on the Wahanna Road, halfway between Broadway and 12th Avenue in Seaside. Dooley said he has been informed that there are two million board feet of timber to be hauled out on property owned by Pacific Lumber.

The Commission supported the performance bond to take care of any damages to the road should they occur.

— Referred to the County Road Dept. a request from several residents of the Elsie-Jewell area that the County blacktop Bay Street between Elsie and the Jewell Highway. The project would involve about one-half mile.





Health Department has big role

Half the job is health education

July 25, 1977
By JOHN THOMPSON
Of The Daily Astorian

More money is spent each year on the Clatsop Health Dept. than any other county department other than the road department.

Headquartered in a building separate from the courthouse, the 15-member staff operates almost separately from county government — generally away from the spotlight of politics and public controversy.

Functions of the department range from giving shots to reluctant first graders to examining corpses to inspecting land proposed for subsurface sewage disposal systems.

Permeating every function of the department is health education.

"Half of our role is teaching," said

department head Dr. Julia Dickinson in a recent interview.

Sanitation — the business of sewers and septic tanks — is the health department activity which probably has received the most publicity recently.

The county health department is the business end of a long-barreled weapon aimed from Salem at the problem of pollution and health in rural areas.

It's tougher to get a septic tank permit than it used to be, thanks to rules drawn up by the Oregon Environmental Quality Commission and administered (through a contract with the Dept. of Environmental Quality) by the health department.

However, the existence of the rules doesn't dilute the potential — and reality — of local disagreements about how subsurface sewage disposal ought to be

regulated.

In fact, one Clatsop County commissioner is deeply involved in a statewide effort to relax the rules.

Somewhere in the middle of the controversy is Mark DuHammel, the county's new sanitarian, soon to be joined by two others.

DuHammel's division of the health department has broader responsibilities than looking after septic tanks, though that is the job that seems to take the most time.

The sanitarians also inspect schools, nursing homes, hospitals, jails, day care centers, foster homes and private home water supplies.

Continued to Page 7

Assembly line medical examinations

Students come to doctors instead of doctors to schools

By JOHN THOMPSON
Of The Daily Astorian

Multi-modular screening.

It sounds like something astronauts do on the moon.

But multi-modular screening is just a fancy phrase describing a new method of giving state-required physical examinations to the fresh crop of students who enter Clatsop County schools each year.

The screening, as described by Clatsop Health Dept. physician Dr. Julia Dickinson, is simply an assembly-line method of examining the tykes before the first day of school.

That's the process scheduled for this school year, instead of the previous method of having the doctor go to the different schools after classes began to give each student a quick once-over.

This year students all will go to a central place in Astoria or Seaside for what health officials believe will

be a more complete examination under better conditions than in past years.

Accompanied by their parents, they will undergo a three-hour examination conducted by several examiners each concerned with a different problem.

Dr. Dickinson said the health department does physical examinations because many parents can't afford to pay a private doctor for the exams.

But many schools don't have proper rooms for doing the check-ups.

"Literally at one school I do them in a broom closet," Dr. Dickinson said. "Needless to say you miss an awful lot when you try to do physical exams in this kind of situation."

She learned the multi-modular screening system while working with the Oregon Health Division. Patients go through a series of stations, each manned by specially-trained volunteers.

The method, based on U.S. Army induction physicals, gives each patient a more complete examination than if one doctor had to do the whole exam.

Dr. Dickinson said the new method also will allow the department to get a better indication of the student's health history than in the past.

Examinations will be given in Astoria Junior High School Aug. 19, 20 and 21 and at Seaside Central Grade School Aug. 22 and 23.

Parents must make appointments for the examinations and a parent or guardian must accompany each child.

Appointments can be made by calling the Clatsop Health Dept. at 325-7441, extension 33.

The program will deal only with new first graders and kindergarteners. Older students from out of state will be examined after school starts by Dr. Dickinson.

SCHOOL

means physical exams—a new way

Twins wait for the doctor

If the nearly 600 new first graders and kindergarteners passed their "multi-modular screening" this week there's no doubt they're ready for school.

Doctors, nurses and volunteers looked, poked, probed, tested and interviewed the parents of students who will enter Clatsop County schools this fall in five days of assembly-line physical examinations in Astoria and Seaside this week.

The youngsters shown on this page underwent their physical exams at Astoria Junior High School Tuesday. Others were examined at Astoria Junior High School Monday and Wednesday, and at Seaside Central Grade School Thursday and today.

The multi-modular screening program, instituted this year by Clatsop Health Dept. head, Dr. Julia Dickinson, replaces the old method of giving students exams after school starts.

Youngsters get much more thorough exams in the new system, Dr. Dickinson says.

They followed the signs from one classroom to the next, for dental, medical, vision, speech, hearing and other examinations. Only a few complained, though one or two made unsuccessful attempts to escape.

The escapees were captured by fleet-footed mothers and good-natured volunteers, who were reminded that there's more to physical exams than poking and probing.

Photography by JOHN THOMPSON



New student



gets a



speech test



Open wide



The doctor writes his verdict



Checking in



Which way does the "E" point?



I hear the beep!

North Coast

Patients, families call aid crucial

Several join plea for home-health support

By JOAN HERMAN
Of The Daily Astorian

For one hour each week, Gladys Cummings can relax and enjoy a warm, leisurely breakfast.

During that time, a home-health aide with the Clatsop County Health Department visits Mrs. Cummings' immaculate Youngs River house to give her 72-year-old husband a shampoo and bed bath.

To Mrs. Cummings, the short respite is a luxury. Oliver Cummings has Alzheimer's disease, a debilitating illness which gradually erodes the brain. The disease has left the lifelong North Coast resident confined to a wheelchair, unable to speak and completely dependent on his 64-year-old wife. She spends her days attending to her husband's every need.

Except for one hour each week.

"You seem to get through the week, and that day really means something for you," said Mrs. Cummings, whose son, Robert, helps care for his father. "It just gives me time to relax and know that he's checked and everything's all right."

Oliver Cummings is among about 275 patients annually who receive care from the county Health Department's home-health program. Like the spouses of many of those patients, Mrs. Cummings is not sure what she would do without it.

"I really feel that it's rather like a lifeline," the North Coast native said. "You can always call if you have any questions, and they're always willing to help."

MRS. CUMMINGS AND another home-health patient, "Edna Cary," — that's not her real name, which she didn't want used because her house has been vacant since she had bypass surgery on a leg vein two months ago — agreed to talk to The Daily Astorian in hopes of aiding a fund-raising campaign to save the service from extinction.

The non-profit citizens' committee, Friends of Home Health Care, has raised all but \$7,229 of the \$43,200 needed to keep the program running through June 30, 1968. The program was cut because of repeated levy defeats, and then resurrected by the fund-raising campaign. The committee continues to accept contributions in care of the Clatsop County Health Department, P.O. Box 206, Astoria.

Like Oliver Cummings, most of the patients in the countywide program are elderly citizens with serious

diseases and diabetes. For some, it is the only medical care available due to their physical and financial handicaps.

Some, like "Mrs. Cary," are recovering from surgeries that have left them unable to care for themselves.

The operation has left the 88-year-old widow unable to walk and in need of extensive care. She would be living in a nursing home, rather than the adult foster home where she resides, if the home-health program did not exist, said Rosemarye Draper, who runs the Astoria foster home with her husband, Jim Peyok.

"I COULDN'T EXPECT better care," said Mrs. Cary, whose swollen left foot is heavily bandaged and enclosed in an ankle collar, a foam-rubber donut that keeps pressure off her foot.

Once a week, public health nurse Brenda Graybeal — one of three on the home-health staff, which also includes the equivalent of 1½ full-time home aides — visits Mrs. Cary, who has a history of heart problems, to monitor her heart, check her blood pressure and

swollen since the surgery; her left foot may have to be amputated.

Immediately after Mrs. Cary was discharged from the hospital, a private physical therapist, with whom the county Health Department contracts, showed Mrs. Cary how to use a walker properly.

Mrs. Cary cannot get to a doctor on her own, and if a health professional were not checking the limb regularly, it could become gangrenous, Ms. Draper said.

Mrs. Graybeal also visits the Cummings' house each week to give Oliver Cummings a vitamin B-12 injection, check his blood pressure and respiration and answer any questions Mrs. Cummings might have.

"I JUST FEEL that people don't stop to realize there's a time when everybody needs some help," Mrs. Cummings said. "It could be their time."

"I have a lot of problems with the county budget, I really do," Mrs. Draper said. But the home-health program is a "necessity in this area. Regardless of their source of funding, they have just about a year to



The Daily Astorian—KENT KERR

Gladys Cummings watches while Brenda Graybeal, a registered nurse with the county government's home-health program, gives Oliver Cummings a weekly check-up.

Money Is a Major Problem for Elderly in the U.S.

"If you're in good health and have adequate finances aging is not that big a problem."

"The most common financial problem is social security, which is simply a disgrace."

"It is easier for one mother to care for five children than it is for five children to care for one elderly parent because the care needed is sometimes so comprehensive and expensive."

Those are some of the comments made by Dr. Frank Russell in an interview on the problems of the aged.

How in the world, he asked, does a couple live on \$145 per month in social security benefits? Change Medicare regulations, Russell said, and not only will there be more money to bolster the social security program, but the level of care generally could be raised.

Medicare programs need to be re-evaluated, he stressed. "It's a crime to spend tax money to contribute to the health of millionaires. Medicare should be based on certification of need. The millionaire who and the slave until it runs out of money, the private funds," Russell said, are at physicians,

contributed in whatever ways they could, he explained, "but we're a technological society now — highly mobile — and we don't have the facilities or the chores to keep them occupied."

People are living longer due to science, which has increased our lifetime without improving our quality of life, Russell repeated.

The elderly "have marginal clothing, marginal diets, marginal housing, marginal everything, including human contact," he said. Nursing homes are only the tip of an iceberg comprised "of a huge mass of elderly persons who are alone and don't have the finances to help themselves," he added.

Russell's solutions? Changes in the laws.

"Volunteer efforts aren't going to do it," he "s, adding that "volunteers should be lobbying for meaningful changes in the laws."

He stressed such changes as property tax and other tax relief to persons over 65.

"How about free bus transportation through city subsidy?" he asked. "How about letting the elderly work for more meaningful incomes

medical attention that might otherwise go unnoticed."

Russell also suggested that county health departments could keep a comprehensive list of elderly persons living in their communities. The list could include such information as which elderly persons are living alone and which have families

from someone saying a person needs help.

A nurse is dispatched to the person's home to see what needs to be done in situations like that, Miss Hellberg said.

In addition to that program, there is the Home Health Agency which provides services for two groups: those under 65

Second of a Series

looking after them. "That would help them look in on people and see what their needs are," he said.

The Clatsop County Health Dept. in Astoria doesn't keep such a list, but it does keep records on persons who have received its care.

Kay Hellberg, who heads the public health nursing staff there, says that agency provides intermittent care. Frequently, she said, it's a matter of receiving a phone call

who pay for their own services or for whom welfare pays and those over 65, who have some of their costs covered by Medicare.

No one is turned down for health care due to a lack of money, Miss Hellberg said.

Home health care for the elderly is preferable, she said, because it's "less expensive emotionally and financially. If a person can stay in his own home he can keep his identity," Miss Hellberg added.

"It's such a shock for someone to move from his own home to a nursing home," she stressed. "What might look like a dreary, rundown place to others is where he wants to be," she added.

Miss Hellberg approves of recent moves to strengthen regulations governing nursing homes. She agrees that the resultant increased financial demands on such homes pose a real problem for them.

She feels, however, that there are always financial problems when such revisions are made. "Perhaps initially the costs will be higher," she said, "but it might pay off as time goes on."

Another idea Miss Hellberg heartily approves of is the cluster approach to living proposed by anthropologist Margaret Mead.

Rather than the retirement village approach which segregates the old from the young, the cluster approach is

one in which persons of all age groups would live near one another.

There are significantly fewer extended families today, she pointed out, so "children don't see the aging as much."

Relations between older and younger persons are becoming less frequent not only because three generations seldom live together in the same home, but because of society's mobility and the pace of modern life, Miss Hellberg said.

Technological developments have occurred so rapidly, she commented, "that the old is discarded almost as soon as something new is found. That which isn't up-to-date doesn't get much attention," she said.

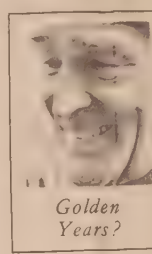
How does that affect the elderly?

"Basically, in this country we don't accept aging at all," Miss Hellberg said. Advertising is aimed at the young. There are wigs and cosmetics and plastic surgery — all aimed at keeping a younger look, she said.

People need to be realistic about the fact that they're going to age and they must prepare themselves as much as possible financially, too, Miss Hellberg emphasized.

It's unfortunate that younger persons don't look to older persons for advice and help more frequently, she said. "The elderly can be a great resource."

— Vernice Berg



"We miss out on a lot by segregating ourselves," she said.

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"Basically, in this country we don't accept aging at all."

"It burns us up to see patients who can pay for their hospitalization getting Medicare just like those who are genuinely in need of money," he added.

People should have to apply for Medicare, he said and their applications should be investigated and approved or disapproved on the basis of need.

In addition to speaking of financial problems, Russell spoke of the quality of life.

"Quality of life, not length of life is important," he said. "The elderly should be treated as responsible adults, not as a problem. It's not a moral issue. It exists."

"We can't go back. We must adjust to this new life technology has brought us. It's not that people are trying to get rid of their elderly. It's that society has changed to such an extent," Russell asserted.

When the nation was rural, he said, "people ran their farms and cared for the elderly there until death."

without losing their social security."

He also is enthused about programs like "meals on wheels" where food is delivered to a person's home "so he doesn't have to lose his dignity."

When people have to go elsewhere to receive a hot meal, "they say, essentially, 'Here I am, looking for a free meal because I'm down and out,'" Russell explained.

If volunteers delivered meals to person's homes an added advantage would accrue, he believes. They could watch for problems — for example, a volunteer might note that one person has a problem with his leg or someone else might have a problem with his teeth. Those kinds of observations could be reported to the local health department, Russell suggested.

Three needs of the elderly are met under such programs, he pointed out: the need for a nutritious meal, the need for



Daily Astorian — Michael Ziegler

Kay Hellberg heads a public health nurse staff active in home services for the elderly.

Visitors to get a visit of their own

Keeping track of friends

Help is anything but a chore

By ANDREA KENNET
Of The Daily Astorian

Gertie Johanson strains to pull herself up from the couch to stand at her walker. Home health aide Beverly Furnish offers words of encouragement and a steadying arm.

With Furnish by her side and using a rolling walker, Johanson walks across the carpeted living room floor to the bathroom for a shower.

Art Johanson smiles with pride as he watches his 74-year-old wife.

The two have been able to grow old together, as they planned when they married 52 years ago, because of the Clatsop County Home Health Service.

"Absolutely," Art Johanson says. "We just have to have it."

A few years ago, their lives together were threatened when Gertie Johanson came down with a neurological disease. The disease sapped her health, forcing her to use a walker, get about and finally to quit walking. She required constant care.

The couple signed up with the agency in 1986. Furnish comes three times a week to the Johansons' immaculate home overlooking Youngs Bay to help Gertie Johanson bathe and take care of other personal needs. Her visit also gives Art Johanson a chance to slip out to do errands and get some respite.

Registered nurse Christie Larson comes every other week — more often when needed — to check on Gertie Johanson's condition. She monitors her medication and changes her catheter. On this day, she pricks Gertie Johanson's finger to test the blood-sugar content. Gertie Johanson is glucose intolerant.

At one time, a physical therapist from the home health agency came by to work with her.

The relationships have developed beyond that of professionals and patient. The Johansons have become friends with Furnish and Larson.

"I love going (to the Johansons)," says Larson, who sees about 20 patients. "They're one of my favorites. They're very nice



The Daily Astorian-ANDREA KENNET
Gertie Johanson has been getting around a lot better lately, in part because of the help she gets from home health aide Betty Furnish.

people — pleasant."

The women share stories about their families. The Johansons raised two sons and now have a granddaughter and three grandsons. Gertie Johanson was a beautician and Art Johanson was in the oil business for 40 years and owned Burns-Johanson Oil.

Larson and Furnish bring cookies and candy. Art Johanson makes sure a pot of coffee is ready. For Valentine's Day, Furnish gave Gertie Johanson a heart-shaped wastebasket.

Furnish also put Gertie Johanson back on her feet — literally. The elderly woman had stopped walking when Furnish first came to work for them about one and a half years ago. Furnish patiently coaxed her back on her feet for a walk — albeit a short one — across the living room three times a week.

By ANDREA KENNET
Of The Daily Astorian

For 25 years, the Clatsop County Health Department's home health service has been bringing medical care to homebound patients.

On Friday, the staff will invite current and former patients, their families, supporters of the program and anyone else who's interested to come see them.

The home health service will hold an open house to mark its silver anniversary from 4 p.m. to 6 p.m. Friday. The event, sponsored by Friends of Home Health, will be held at the agency's offices at 360 Ninth St. in downtown Astoria.

Although the home health service is a popular program of the county Health Department, the location of the offices may be unfamiliar to many people. The agency moved out of the crowded Health Department office across the street in January.

The program provides skilled nursing and other care to homebound patients countywide, regardless of their ability to pay. For some — those with physical handicaps and financial hardships — it is the only medical care available, although patients must all initially be referred by a doctor.

Home health has changed a lot since its inception in April 1966, said the program's coordinator, registered nurse Lois Dodson. She has been with the Health Department since 1970 and with home health for 12 years.

In the program's infancy, the three county nurses fit in the one or two home health patients with the children with measles, newborn babies and other patients they saw during their rounds through the county. Today home health is a separate program within the department. Three full-time home health nurses and three part-time home health nurses make 400 to 500 visits a year and see between 60 and 70 patients at any given time. Last year they saw 293 patients.

The agency also employs two full-time home health aides and two full-in aides and contracts with a speech therapist, occupational therapist and a physical therapist.

Dodson said the increase in patients is due to changes in Medicare reimbursement that have prompted hospitals to discharge patients quickly. Advancements in medical technology have also contributed.

Those factors have had an additional effect: The home health staff deals with people with more serious illnesses and health problems, she added.

She gave another explanation for the growth: "We like to think we have a good reputation for providing quality care," she said.

Going into the home gives a perspective not possible when the patient goes to see a doctor or goes to a clinic, Dodson



The Daily Astorian—PAUL TELLES

Home health check

Clatsop County community health nurse Brenda Bui checks Astorian Ward Quarles' blood pressure before giving him his weekly vitamin B-12 injection at his Jerome Street home Wednesday.

Ms. Bui is one of four county nurses who provide in-home services to about 55 clients through the county health department's Home Health Service. Designed for senior citizens who can't easily leave home to go to doctors and hospitals, the program was the first Medicare-accredited home care program in Oregon, says program coordinator Lois Dodson. National Home Health Care Week began Sunday and ends Saturday.

Nursing services

As a volunteer for our area hospice organization from its inception, I know how important our County Home Health program is to the terminally ill patients our program serves. Hospice depends on the Home Health nurses for all the "skilled" nursing care — those services which volunteers like me do not have the training to provide.

The hospice patients are not in a position to speak for themselves. As a volunteer, however, I can tell you that those nursing services are enormously important. Without them, the patients would probably have to be hospitalized rather than spend their final weeks in the familiar, warm atmosphere of their own homes.

Our support of the county levy will mean that this humane, economical service will be retained.

The mail-in ballots will reach you shortly after June 4, and they must be mailed to the courthouse before June 24. Please join me in mailing a "yes" vote.

Karen Kenyon
864 Grand Ave
Astoria

In memory

We are writing this letter in memory of our beloved sister, Anne I. Mattocks. Anne was a friend and neighbor of yours that lived for 16 years in your fine community. Our sister passed away March 11. With our loving care as a family she was able to pass away at home with dignity. We could not have taken such good care of our sister at home except for your Lower Columbia Hospice, Clatsop Home Health Care and the American Cancer Society. All three organizations are the best ever.

We can't praise Hospice Director Lucy Martin and volunteers Tom Carmichael and Donna Buzzard enough. If we needed anything they knew where and how to come up with it, not only material items but giving their time from their own

busy days to help with Anne's care and gave us all moral support.

Elenor Merrell, home health care nurse, came to Anne's home at least twice a week and was on call anytime we needed her. She is a very special and dedicated person.

All taxpaying people in your county and community should get behind these people and support their endless efforts to help the people of the community.

VEOMIA E. NICHOLSON
15760 S.W. 88th Ave.
Tigard



Clatsop County
Home Health Service

CLATSOP COUNTY HOME HEALTH SERVICE thanks you for your referrals and assistance in caring for our patients. We wish you HAPPY AND HEALTHY HOLIDAYS!!!

Front: Beverly Furnish, HHA; Darel Flack, RN; Susan Cox, HHA; Brenda Bui, RN; Linda Baldwin, RN.

Back: Eleanor Green, RN; Brenda Penner, RN; Claude Behrens, RPT; Christie Larson, RN; Alene Linehan, OTR. (Not pictured: Bill Allen, SLP)



Lois Dodson Brenda Bui
Home Health R.N.'s

Premier public service award goes to 'unsung hero'

Kay Hellberg sets the tone and the name of Clatsop County's newest honor

By ANDREA KENNET
Of The Daily Astorian

After 28 years in public health, Kay Hellberg figured little could surprise her. As administrator of Clatsop County Health Department, she often dealt with the unusual, from rabid bats this summer to an unexplained bout of meningitis that sickened three children in the same school a few years ago.

An award named after her was another matter.

"I'm bowled over," she said again and again,

after she was named the first recipient of the Katherine Hellberg Public Service Award at her retirement party Friday.

Clatsop County Board of Commissioners created the award to honor people "whose career and actions demonstration a commitment to the highest ideals and values of public service as Kay Hellberg."

County Manager Britt Ferguson said the commissioners and he had wanted a way to recognize county employees and other people whose career and life exemplified the ideal of public service to the community. Hellberg's retirement gave the opportunity.

"We really couldn't think of a better person to start the award with, and to have it named after," Ferguson said.

Hellberg, 54, embodies the unselfish commitment, the "unsung hero," the award is intended to honor, he said. She regularly went beyond the call of duty in her job, working behind the scenes. She also has quietly served the community as a member of the Columbia Memorial Hospital Board since 1982, including stints as secretary and vice-president.

The Hellberg award will be given only when the county commissioners think someone is deserving — "not every year, or even every five years," Ferguson said.

A plaque bearing Hellberg's name and picture will be hung in the courthouse lobby. Names of subsequent recipients will be added.

Hellberg also received a distinguished service award from the Oregon Health Division

and a letter of congratulations and praise from Gov. John Kitzhaber.

Hellberg went to work for the county health department in 1969 as a public health nurse. She had just returned to Astoria, where she was born and raised, after traveling for 14 months in the Middle East, Europe and Asia. A brother told her about the opening.

"I thought, 'well, I'll stay a year,' and I stayed 28," she says and laughs.

She had liked working in public health as part of her nursing studies at the University of Oregon, now Oregon Health Sciences University, in Portland, where she earned her bachelor of science degree. She worked three years at the old Multnomah County Hospital in obstetrics and was

See Award, Page 9A

THE DAILY ASTORIAN

MONDAY, NOVEMBER 3, 1997

50 CENTS

cultures helped perspective

Continued from Page 1A

the head nurse.

Thirty years ago, the county's public health nurses were assigned to geographic districts where they handled everything from visits to schools, homes of elderly shut-ins, expectant and new mothers and babies. Hellberg worked in Warrenton, as well as at immunization clinics in the public health office.

Public health nurses became more specialized over the years but now are moving back toward variety, Hellberg said. She sees more collaboration among schools, hospitals and other organizations with the health department to provide community health programs such as Healthy Families and programs to reduce tobacco use, teen pregnancy and teen sex.

Hellberg became the agency's administrator around 1984. "I have to laugh because at first I didn't want to do this," she recalled. Over the years, she had filled the position on an interim basis as other department administrators had come and gone.

As the boss, she missed the one-on-one, daily contact with patients but found the job interesting and satisfying. "It's been challenging but it's given me a lot of growth. I couldn't stay in a job this long that didn't allow me to grow," she said. "Public health is never stagnant."

The trip she took in her mid-20s, which took her to such countries as Turkey, Afghanistan, Greece and

India, helped prepare her for her later job as the health department administrator, Hellberg said. "I always say that was my master's."

Exposure to other cultures and ways of thinking gave her a valuable cross-cultural perspective, maturity and a sense of calm in the face of crisis, she said.

She credited her staff for the department's smooth operation.

"It's important to listen to what your staff says," she said. "If you don't, you will get into trouble very rapidly. These are all professional people who have something to give, all educated women with good minds and it's a waste of a resource if you don't listen to what they have to say."

Hellberg plans to relax and travel — for awhile. "I'm a nurse, so I'll probably be doing something. I'm retiring from the county, but that doesn't mean I'm totally retiring."



Kay Hellberg



Viola

Abrahamson

RN

000 Exchange

when to be

bilingual means
you speak Finnish

Viola

Abrahamson

RN

retirement

Employee Spotlight

Lynn Cook wins high praise as employee of quarter

"Exceptionally perceptive," "dedicated and conscientious," "professional and courteous." These are some of the words used to describe Clatsop County's Outstanding Employee of the Quarter for May, **Lynn McConnell Cook**.

Cook, who is a public health nurse in the county health department, has been employed there for nearly 15 years. Just prior to beginning work as a public nurse here, Cook graduated from Oregon Health Science University with a bachelor's degree in nursing.

"She's really an asset. She has excellent communi-

cation skills," said Katherine Hellberg, administrator of the county health department. According to Hellberg, Cook has taken special

*"
You are truly
appreciated by
your fellow
employees."
"*

training in breastfeeding counselling and the diagnosis and treatment of mother-child bonding problems.

Cook has a background in general public health and

has done a lot of work with school children and mothers with young children, Hellberg said.

Lynn Cook is married to Ken Cook, who is employed by the City of Astoria. They have two children, James, 8, and David, 4.

"You are truly appreciated by your fellow employees" wrote Richard T. Caruthers, chair of the Board of County Commissioners in a letter congratulating Cook. "The Board acknowledges that you are an outstanding employee and thanks you for striving to make the county 'First in Service.'" ◀

1991 Clatsop and Tillamook Counties' families will start healthy

by Andrea Guarnieri
community editor

The children of a community are a concern to many, but helping is not necessarily on the top of the list of things to do.

A bill that passed the legislature in 1993 is putting children on the top of the list in selected communities, including Clatsop County, throughout Oregon.

The Oregon Commission for Children and Families has continually worked toward trying to get funding at the state level for family and child related programs.

In 1993 legislation that passed finally rewarded the commission's efforts.

Bill 2008 is designed to provide \$3.3 million to four community based pilot visitation programs that would help families and children by giving early assistance to them.

The program is to be based on the Healthy Families America Program which was designed to help prevent children from having problems in the future by giving assistance to families in need early in a child's life.

The money would pay for the nurses, home visitors, rent, supplies, and staff of the county's program.

All 36 counties in the state were invited to write proposals to get their county funding. 23 of the 36 communities competed for the grant, but only four were to be chosen.

It turned out that there was enough money to develop programs at five sites instead of four.

Clatsop and Tillamook were among the five sites chosen to receive money. Together they

receive \$518,000.

The counties applied together as a joint site as did several other communities. Josephine and Jackson which also applied together are another of the communities that were chosen.

Paula Mills of Astoria and Cheryl Hantke of Tillamook worked together on the proposal along with hospitals, the Health Department and concerned citizens in the community.

Both Hantke and Mills have a background with early intervention programs. Hantke was working at Tillamook hospital in the same program only on a smaller scale and Mills worked in an early intervention program in Central Oregon. The two now will serve as Site Coordinator for their counties.

Tillamook County General Hospital is responsible for the overall program management and will administer funding.

Hantke believes that one of the reasons that their proposal was chosen is because Tillamook had the Healthy Families program already under way on a smaller scale.

This program was funded by federal grant money given the Children's Services Division since 1991, but the money is running out.

Clatsop County was invited to join in with Tillamook because the two counties have similar needs and face similar problems say Hantke and Mills.

Some of the problems that the two women think the people of the counties might be facing are job loss, perhaps in the logging and fishing industry.

Problems, such as job loss, are stress causing problems which the

program is designed to help families deal with.

Families who experience larger amounts of stress are considered "high risk" families by the program.

The way that high risk families are determined is through an early identification process that will be carried out in the three hospitals within Clatsop and Tillamook Counties.

Staff for all five Oregon sites were trained to recognize high risk families at a training session in Salem the week of August 15.

The staff will look through paper work at the hospitals and then decide, from the information provided on the paper work of expectant mothers, if the families may be high risk.

Some high risk factors that they will look for are single parenthood, late prenatal care, unemployment, or poor housing.

If a family has risk factors they will be contacted for an interview.

If they still seem high risk after an interview the family will be invited to become part of the program and ultimately receive home visits through an in-home family support worker.

Mills referred to these home visitors as the "jack of all trades"

Not only will they visit with the families and identify each families' needs. They will also be responsible for all the paper work on the family that they are involved with.

Their visits with the families a few times a week should help them find solutions to their problems or offer options to their individual situations.

Trainer Kate Whittaker of National Healthy Families America

says of some families problems, "Many families don't realize the options they have." The visitors will help families recognize their options.

Twenty home visitors were trained for Clatsop and Tillamook Counties at the Ocean View Best Western in Seaside last week.

The home visitors were trained to help families deal with stress by helping the family become aware of the resources that are available within the community.

Their goals as identified on page 19 of a large instruction booklet given to them at the training sessions as: "To systematically identify overburdened families in need of support, to enhance families functioning by; building trusting relationships, teaching problem solving skills, and improving the families' support system, to promote positive parent child interaction and to promote healthy childhood growth and development."

With the in-home visitors working toward these goals, they could potentially help families locate jobs, help mothers seek birth control and generally help keep families together.

Brook Ammerman, who trained to be an in-home worker, believes that in the long run they will help people better understand children.

The in-home visitors will also work with nurses. Two nurses have been provided for each county. In Clatsop County Lynn Cook and another nurse, to be determined, will work in helping with the health aspects of raising children.

Lynn Cook came from the Babies First program in Clatsop County which already provides in-



PAULA MILLS

home visits for infants with medical or other concerns.

The Healthy Families program will work hand in hand with Babies First.

Hantke and Mills point out that they don't want to duplicate existing programs, but blend the two programs.

By blending the two programs Hantke and Mills hope that both programs will be strengthened—Healthy Programs by the already existing money and Babies First by new funding.

Cook thinks that not only will they be blending the two programs, but combining the talent of people involved as well. The skills of someone with a health care background will combine with the skills of someone trained in family support.

"It will give families a real team behind them," says Cook.

With this team behind the different families, Hantke and Mills tell

of some potential long term benefits that the counties can look forward to.

Tax payers could eventually save money. If families are kept together and parents are taught how to work out potential problems then communities may see fewer dysfunctional families. Less money could go to juvenile facilities, welfare, foster care and medical care if the families learn how to care for themselves.

That is what the program is setting out to do—the in home workers and the nurses will work with families until they can work on their own. The program's goal is to provide early intervention. In other words help will come early, not when a child or family has already fallen apart.

Hantke points out that no one wants to be a bad parent, it's just that some people need a little help when they are first starting out.

Tax benefits aside, Mills reminds that there is no price on self-esteem.

Healthy Families will start taking referrals of high risk families from the hospital the week of September 1.

The "headquarter" is at Tillamook General Hospital, but the main office for Clatsop County will be located at #10 6th St. in Astoria.

Hantke and Mills know that they have a lot of work before them, but as the families have their support from the in-home visitors, the two women can support each other.

"We're a team," says Mills.

Not only are the two women a team but Clatsop and Tillamook Counties are a team.

Women's Health Care Empowered

Family Planning Nurse Practitioner Belinda Kruger • being there... through the changes



by Erin Hofseth

Nurse Practitioner Belinda Kruger, recently retired after serving 35 years as a family planning nurse at Clatsop Public Health.

IN THE early 1800's, the average female living in the United States bore 7 children over the course of her life. Contraception was illegal, birth control was over a century away from being introduced, and a woman's reproductive life was not her own; she had no choices, no opportunities, no voice.

Jump forward a couple of hundred years to 2005. Birth control is legal and fairly accessible, there are government funded Family Planning clinics all over the country providing health-care to all women without regard to her economic circumstance, and 60% of women of reproductive age are in the workplace. Women are getting educated, getting paid and getting heard.

As we all know, "women's issues" were a hot topic in the last Presidential elections. There was a lot at stake. As newly retired Family Planning Nurse Practitioner, Belinda Kruger, quite understatedly put, "we all had a lot of anxiety about how things could be." There had been threats from the Republican side of cutting all Family Planning dollars, a resource that services every woman who comes through the door, regardless of income, insurance status or citizenship. Kruger also noted her fear of potential changes taking place in the Supreme Court as politicians retired. Had the Republican candidate been elected as president, those positions could have been

filled by extreme conservatives, threatening to completely overturn Roe vs. Wade.

Having spent the last 35 years of her life working with women in Public Health, Kruger is a woman worth listening to. She began her career after graduating from University of Washington School of Nursing. After working for a couple of years at University Hospital, she began working at Columbia Memorial Hospital in Astoria as the sole Registered Nurse on her shift in Labor and Delivery. Four years later, in 1977, she transitioned into Family Planning and worked as a nurse at Clatsop Public Health for a whopping \$6 an hour. A few years after that, she completed the required education needed to become a certified Nurse Practitioner and she has been practicing in Family Planning here on the coast ever since.

According to Kruger, one of the most notable, and positive changes in women's health care over the years is how and when routine physical exams are administered. A much less invasive approach has been adopted in the last couple of years, as studies have shown that it is not necessary to perform a full physical exam on a woman until she is 21 years of age. In the past, when a woman walked into the clinic, regardless of her age or lifestyle, she got a full pelvic/breast exam and a pap smear. Now, unless a woman reports pelvic pain

or other troubling symptoms, a pelvic exam is not recommended but every 3 years.

If all of her pap smears have come back normal, after the age of 65, she is free from exams for life. One of the main reasons for these guidelines is the new information that has surfaced regarding the previously misunderstood virus, HPV (Human Papillomavirus). The common thought used to be that once a woman contracted HPV, she always had it. It was believed that it could reactivate at any time and be a cofactor in causing cancer. New studies have revealed that the virus is ubiquitous, in other words, almost every sexually active woman gets it at some point in her life. In most cases, a woman's body does its job and she overcomes it. Only in rare cases can it stick around and lead to something concerning, a good reason to keep up on the recommended exam schedule.

Kruger is delighted by the new evidence that suggests that even if a young woman has an abnormal pap smear, if she takes care of herself; eats well, and doesn't smoke, she will be just fine. This hands-off approach has the potential to empower women in claiming more control over their own bodies. When I asked Kruger what she'd like to see for the future of women's health care, she said that she'd love to watch everything get easier and more accessible for women. This includes easy

access to birth control, with more understanding from the general public on how to use it; mothers teaching daughters and so on. Also, more opportunities for self testing, from breast exams to STD's, women should be educated about their bodies and be in tune enough to know what is happening.

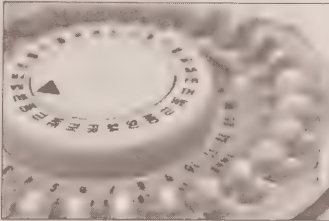
Above all, Belinda Kruger sees the incredible importance of a woman having the freedom to choose what is best for her own body. This freedom is a "bottom-line necessity for any civilization where women have options to climb ladders and do what they want to do," states Kruger. She goes on to say that, "we've al-

ways known that (freedom of choice) allows women to choose the time that they want to bear children so that they can go to school or have a career...have control of their bodies so that they have children when they want to have them, not when someone else wants them to have them." For the sake of our collective future; for the sake of humanity, babies born into this world should be wanted, loved, cared for, and educated.

This starts with a woman's right to make her own choices for her own body; thank you Belinda for being part of this process, you will be missed.

Family Planning Timeline in the U.S

- **1800** • The average woman bears seven children over the course of her lifetime
- **1873** • Congress passes Comstock Law, an anti-obscenity bill used to prosecute those who distribute birth control
- **1916** • Margaret Sanger opens the nations first birth control clinic
- **1918** • Condoms are legalized for disease prevention



- **1960** • FDA approves the birth control pill
- **1961** • Estelle Griswold, exec. Dir of Planned Parenthood of Connecticut, and Dr. C. Le Buxton, the medical director, are arrested for counseling



"When motherhood becomes the fruit of a deep yearning, not the result of ignorance or accident, its children will become the foundation of a new race."

Margaret Sanger – The Mother of Birth Control



patients on contraception in newly opened birth control clinic

- **1965** • In Griswold v. Connecticut, the Supreme Court reverses the Connecticut Comstock law, recognizing a constitutional right to privacy and secures the right of married women to use contraception
- **1970** • President Nixon signs into law Title X of the Public Health Service Act to provide access to family planning services for all women without regard to economic circumstances
- **1971** • NFPFHA is founded to serve as an umbrella organization for family planning providers and supporters and to advocate for universal access to family planning services
- **1977** • In Carey v. Population Services International, the Supreme Court extends the right to use contraception to teens
- **1982** • Due to the availability of effective birth control, 60% of women of reproductive age are employed in the U.S.
- **1988** • NFPFHA successfully challenges the domestic gag rule regulations preventing family planning clinics from providing information on abortion
- **1990** • FDA approves contraceptive implant, Norplant
- **1992** • FDA approves Depo-Provera
- **2001** • FDA approves contraceptive patch, Ortho Evra, and vaginal contraceptive ring, NuvaRing



- **2005** • Universal access to contraception remains a goal. Prevention First, comprehensive legislation to assure access to family planning and contraception, is introduced in the 109th Congress
- **Today** • The average woman bears 2.1 children over the course of her lifetime
- **2012 OBAMA CARE**
 - Up to 47 million women will be eligible to get free access to preventive health care services as that provision of President Barack Obama's Affordable Care Act goes into effect.
 - These service include: Well woman visits, contraception and contraceptive counseling, gestational diabetes screening, HPV DNA testing, annual sexually transmitted infections (STI) counseling, HIV screening and counseling,
 - Breastfeeding support, Interpersonal and domestic violence screening and counseling.
 - Many uninsured women taking contraception will still have out-of-pocket costs since the new rules only apply to people currently enrolled in health insurance plans. When the Affordable Care Act is fully implemented more women are expected to get free access to preventive services.
 - Many religious groups still are fighting the provision. CBSNews.com reported that Catholic organizations across the country have filed 12 lawsuits in 43 different courts.



Tuberculosis and other diseases zapped by county health

Ron knew he was sick. He was coughing blood and losing a lot of weight. X-rays showed a large cavity in his lung. His doctor worried that Ron might have tuberculosis.

The doctor called the Clatsop County Health Department with his suspicions. State law requires physicians and other healthcare providers to report certain suspected and confirmed communicable diseases. The reason behind the law is so health officials can act quickly, doing investigations and treatment, to prevent infectious diseases from spreading and to protect the public. Fifty-one conditions are on the reporting list.

The county Health Department receives reports of possible infectious diseases every day. In March alone, the department had 19 reports of either suspected or confirmed reportable conditions, six animal bite reports and two restaurant complaints.

Many reports turn out to be unfounded. But the reports enable health officials to act quickly and identify and treat an infected person to prevent the disease from spreading to others.

But this case last September posed special challenges.

Ron, who is being identified only by his first name, was homeless and living in a tent. The doctor didn't know where Ron lived. The nurses alerted the local emergency rooms in case the ailing man came in.

The public health nurses called local homeless shelters. One recognized Ron but didn't know where he'd pitched his tent.

Health officials were worried. Tuberculosis, a disease caused by bacterial infection that usually affects the lungs, is spread by coughing and is most commonly spread from a person with untreated TB to others sharing the same living or confined working space, like families or in offices. The last confirmed case of active TB in Clatsop County was in 1995.

Ron's living situation was both a blessing and a curse. A blessing because he wasn't living at a shelter and exposing a bunch of other people. A curse because nobody knew where to find him.

Nursing Supervisor Lynn Cook was out looking in places where she thought he might be and saw a man matching his description walking along the street with his girlfriend. She waved him down and introduced herself. It was Ron.

Ron and his girlfriend came to the Health Department for further testing and treatment. To avoid exposing other clients and staff, Cook and Christie Larson met with the couple outside the building, in a van in the back parking lot. All wore masks.

"That's public health, wherever it works," says Sharon Kubik, another public health nurse.

To ensure treatment and prevent the development of drug-resistant strains, the U.S. Centers



Submitted photo
Public health nurses Christie Larson and Sharon Kubik review medications with tuberculosis patient, Ron.

for Disease Control recommends people with tuberculosis take their medication in front of a medical professional.

Ron faithfully showed up at the clinic for his medication, seven days a week for the first two weeks and then twice a week for six months. For several weeks, he wore a facemask while in public until test results showed he didn't have TB and was not infectious. He endured stares when he went into grocery stores wearing the mask. He was kicked out of one office out of fear.

Even though further lab tests did not confirm active TB, Ron's infection did respond to the medication. The cavity in his lung cleared up, his cough went away, and he gained weight and strength.

The public health nurses didn't stop there. They connected Ron and his girlfriend with agencies that helped them get housing. "Living in a soaking wet tent in the cold and rain wasn't going to help him get better," Larson says. "Now he's healthy and the public is safe."

Ron says he and his girlfriend are grateful for the help. He says the staff treated them with courtesy. "I haven't met one who hasn't been nice."

Clatsop County Health Department plays an important role in protecting the community from

communicable diseases. When the department gets a report, the nurses spring into action. Take, for instance, a typical case of a restaurant worker who might have hepatitis A. The nurses find out what that person does at the restaurant, whether the individual handles food or not, and what days and shifts the person worked in the past several weeks, and whether employees share a break room or food.

Depending upon the possible exposure, coworkers and even customers might be offered vaccinations. Kubik, who joined the staff in 1978, remembers holding community clinics during a large outbreak, nearly 100 cases, of Hepatitis A in 1988. That same year, there were three confirmed cases of meningitis in the Knappa area and a fourth suspected one.

The Health Department has briefly closed down restaurants during investigations. "The bottom line is, we are here to protect the public," Cook says.

In general, local restaurant owners and operators are eager to keep their places clean and their employees healthy, Larson says. The effort has been helped by passage of state laws requiring food handlers take classes and be certified, as well as with the assignment of a state sanitarian that lives and works in Clatsop County.

PUBLIC HEALTH WEEK

Nurses keep tabs on health of children

"Hello, pumpkin," Patsylee Horecny coos to the brown-eyed, dimple-cheeked baby. Eight-month-old Destiny Leiber smiles and wiggles her fingers in a wave.

Horecny, a Clatsop County public health nurse, greets the adults in the room: Destiny's parents, Tanya Laferrier and Jason Leiber, her grandmother and an aunt. Then it's down to business. Grandma's living room becomes an exam room as Horecny coaxes Destiny through a series of games to measure her developmental milestones — her motor skills, language and interactions with other people — and queries her parents and grandmother about the baby's diet and activities.

Destiny recently changed to formula after eight months on breast milk. She is already downing jar baby food and cereals, her mother reports. She says "mama" and "da-da" and a couple other words. She's creeping; crawling will come soon. She sits up by herself. She grabs onto the coffee table to steady herself after her mother lifts her up into a standing position. She eagerly grabs a tiny bottle that Horecny holds out but won't bang two small wooden blocks together.

Destiny is doing just fine for her age, in fact, above average. Horecny charts the baby's weight, length and head circumference on a growth grid for her family.

Horecny gives the two young parents a flyer on an upcoming parenting skills class, reviews Destiny's immunization records with them and asks the teen-age mother if she still plans to pursue her G.E.D. The couple is looking for housing, and Horecny suggests an agency they could contact for help.

As she leaves, Horecny tells the young parents that she'll return in four months for Destiny's 12-month developmental milestones tests, but encourages them to call her if they need help before then.

Horecny is one of three maternal child health nurses with Clatsop County Health and Human Services who make home visits to expecting and new mothers, infants and children to help the next generations of our community get off to a good start. Horecny works full time and Trina Robinson and Margo Lalich part time.

Through the home visits, the nurses identify risk factors or problems facing the children and families and help the parents plan a course of action to connect them with services and resources to prevent further problems.

Participation in the programs is voluntary by the families.

MOMS, or Maximizing Opportunities for

Maternal Support, helps pregnant women obtain prenatal care, provides education on pregnancy, delivery and care of a newborn, works with the client's care provider and offers support and encouragement. The program is available to women who are pregnant and enrolled in or eligible for the Oregon Health Plan or eligible for the WIC program.

Babies First! is a program to prevent poor health and developmental outcomes in infants and young children identified as at risk. The visiting nurse monitors the baby's growth, development and health and advises the parents about nutrition, immunizations and learning opportunities. The nurse also refers the parents to programs and services that can help them. Babies First! is open to families with children from birth to 36 months old, regardless of income.

The CaCoon (CARE COOrdination) program focuses on children, from birth to 21 years old, with special health needs. It also is open to families regardless of income. Horecny, who is Clatsop County's CaCoon nurse, reports her findings to the baby's primary doctor and specialists. She helps the parents find resources and coordinates medical, educational and support services.

The Women, Infant and Children program, known as WIC, offers nutrition education, supplemental foods, breast-feeding support and referrals to health and social services for pregnant women, women who are breast-feeding and children up to age 5. Families are eligible based on income guidelines.

Nursing Supervisor Lynn Cook says all parents want their newborns to be healthy, safe and thrive to their potential. Some families face tougher challenges: babies born premature, with low birth weights or medical complications; teen and/or single-parent families, poverty, exposure to drug and alcohol abuse, shaky or no employment, unstable relationships, crowded or unreliable housing. Clatsop County ranked higher than the averages in Oregon for birth defects among first births, premature births, percentage of teen-age mothers, and higher for parents using tobacco, according to birth certificate data for 1995-99.

The public health nurses offer ongoing professional care beyond the services of the family's regular doctor, bringing educational attention and intensive health and developmental screening into the home. The idea is to identify potential problems quickly and help the family find solutions and services.

The county Health Department receives refer-



Submitted photo
Patsylee Horecny checks the growth and health of Destiny Leiber.

als to the programs from doctors, hospitals, social service agencies, relatives and the families themselves.

When the public health nurse visits a client, she asks questions and observes to identify medical and living challenges for the baby and family. The nurse reports her findings to the baby's doctor and guides the parents to community resources.

She acts as a confidant and adviser. Horecny says she doesn't dictate but "plants little seeds" of suggestions for ways the parents can improve their and their baby's lives.

Horecny sits down with inexperienced parents and shows them how to schedule medical appointments on the same day so they only have to make one trip. She advises a mom whose toddler won't eat at meals to avoid feeding snacks throughout the day and to give high-caloric, nutritious snacks.

She gives a list of housing agencies and phone numbers to a homeless couple. She provides bus schedules to parents who don't drive. She offers schedules for parenting classes. She refers families to mental health services for anger management or other counseling. She suggests smoke cessation classes to a smoking parent. She encourages participation in the Healthy Families program.

Provided by Clatsop County Health and Human Services.

PUBLIC HEALTH WEEK

Drug, alcohol abuse numbers high in county

No wonder Alice Beck sometimes wishes she could wrap her 12-year-old daughter in a bubble to protect her from the rest of the world.

Each day at work, Beck deals with disturbing facts about her community:

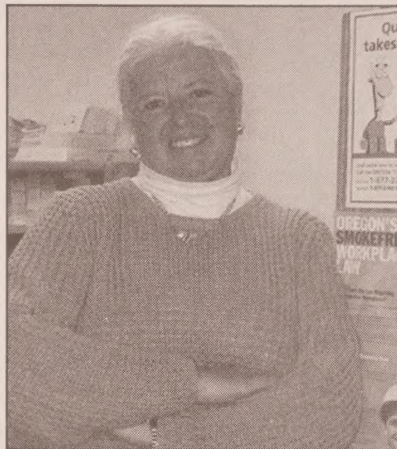
- More families live in poverty in Clatsop County than the average for Oregon;
- Drugs and alcohol are more accepted and available;
- Reported child abuse is higher, attributed both to alcohol and drug use by parents and to an increase in reporting;
- Two out of three high school seniors, and 40 percent of high schoolers, say they are having sex. Most say they first had sex at 15;
- More than half say they've never gone to a clinic for any kind of birth control measures, exposing themselves and others to the risk of pregnancy, AIDS and other sexually-transmitted diseases;
- North Coast youth smoke earlier than their peers in the rest of the state. Sixteen percent of 11th graders report they chew tobacco, compared to 10 percent statewide.

Rather than yearn for a bubble, Beck strives to make the community a better place not only for her daughter, but also for other children and families. She oversees Clatsop County Health and Human Services' community education, prevention and intervention programs as its human services coordinator.

Those programs focus on improving the well-being of local children and families, reducing teen pregnancy and decreasing the use of alcohol, drugs and tobacco by adults and youth.

Beck staffs the county's Commission on Children and Families, a committee of education and social service professionals and lay citizens that identifies needed services and distribute more than \$100,000 in state money to local programs to improve the welfare of children and families in the county.

Beck is proud of the commission's work, especially its efforts to involve the community and agencies in making decisions on how to spend the dollars. The process began two years ago with an assessment about how well children and families were faring in the community, what services were working and what needed services were missing.



Submitted photo
Mary Durbrow is the county's tobacco education and prevention coordinator.

Town hall meetings were held to solicit ideas from youths, parents and others. Agencies that work with children and families were polled.

Knowing there wasn't enough money to fill all the needs, the commission set priorities: child abuse prevention, social services and school-based health clinics, parent education and family strengthening; drug and alcohol prevention, education, treatment and support; and quality child care. The commission went back to the public and service providers, held a set of collaborative funding meetings where everyone had a say in how those priorities were to be addressed.

The result was that through June 30, the commission will have allocated \$13,000 for provide drug and alcohol abuse prevention curriculum for all Clatsop County schools, \$10,600 to expand Head Start programs in Seaside and Warrenton, \$20,000 for parenting education classes, \$15,000 for outreach and other services intended to keep youth in school, and \$45,400 as a pool of discretionary funds for Youth Service Teams to use to provide counseling and other intervention services to children and families who can't pay.

Beck chairs RAPP (Reduce Adolescent Pregnancy Partnership), a coalition of students, educators, social service professionals and ministers that promote abstinence, community education, male involvement and leadership, and contraceptive access to reduce teen pregnancy. One program, STARS (Students Today Aren't Ready for Sex) trains high school students to make presentations to sixth-grade classes promoting abstinence.

Mary Durbrow, the county's tobacco education and prevention coordinator, notes that tobacco is the No. 1 health problem, followed by obesity, according to the U.S. Surgeon General's Office.

She focuses on reducing youth access to tobacco, promoting smoke-free home and work environments and increasing access to cessation services.

The local program has at least 30 community partners, from grandmothers to business executives, health professionals to police and clergy. Unexpected allies are local veterinarians and pet groomers, concerned about the affect of secondhand smoke on pets.

The way to reduce tobacco use by teens is to decrease the usage in the general population, she says. About 21 percent of adults in Clatsop County smoke. The goal is to reduce the number to 12 percent by 2010.

Clatsop County Health and Human Services is working hard to improve the quality of life in this community through these programs and others, Beck says.

What can you do to make this a more positive, healthy community for our children and ourselves?

Get involved in your community, Beck says. Find a project or issue that touches your heart and volunteer. Support programs that promote healthy activities with your money or your time.

Be involved in your children's lives. Spend time talking to them. Spend time doing things with them. Listen to what they have to say. Know where they are and whom they are with. Support them making healthy choices.

Make healthy choices yourself, she says. Be a good example for your kids.

Provided by Clatsop County Health and Human Services.

PUBLIC HEALTH WEEK

Public health nurses remember black bags

The first week in April is traditionally designated Public Health Week. The Daily Astorian will run a series of four articles on this subject, beginning today.

The black leather bag, found discarded under a desk, contains nothing more than a couple of Band-Aids and other odds and ends. But it overflows with memories for Barbara Engbretson, Viola Abrahamson and Bernice Cordiner.

"Oh, we were so proud to carry the little black bag," recalls Abrahamson, a Clatsop County public health nurse from 1966 through 1979.

Back then, public health nurses wearing blue uniform dresses, caps, sturdy shoes and carrying black leather bags made the rounds of neighborhoods, changing bandages, checking on sick babies or tuberculosis patients, dispensing medicine and advice and, at times, bringing groceries to a housebound patient. Abrahamson recalls the first time she called on an elderly man who needed his catheter changed. "He wasn't a bit embarrassed. I sure was."

Historically, the first week of April is Public Health Week. The three women, fondly referred to as "the grandmothers of public health" by their modern peers, took the opportunity to reminisce and talk about the changes and progress made in public health.

Abrahamson, who lives in Seaside, worked as a public health nurse for Clatsop County from 1966 through 1979 and retired after 40 years in nursing. Cordiner of Astoria spent about a year of her long nursing career with the Clatsop County Health Department. Engbretson, also of Astoria, first joined the department in 1966, left twice, but has put in 24 years, including nursing supervisor. She still fills in when needed.

Nursing Supervisor Lynn Cook, who joined the department 25 years ago as a school nurse working for Engbretson, says that while the practice of public health nursing has changed over the years, the commitment remains the same.

"Public health nurses have always been and still are out in the community. Instead of looking at one patient at a time, our focus is on the community, on promoting good health and prevention of disease, injury and disabilities in the community," she explains.

Thirty years ago, public health nurses provided primary and home care, immunizations, education and health care at the schools. Over time, the role has evolved with an increased emphasis on populations, rather than the individual.

While primary care medicine is concerned with the individual patient, public health regards the community as the patient. It is based on a process that determines the health status of the community, identifies populations at risk and the priority health problems of the community, and then creates programs at the appropriate community, family or individual level. Public health nursing depends on partnerships and collaboration with other med-



Submitted photo
Scrapbooks and an old black leather medicine bag evoke memories for retired public health nurses Viola Abrahamson, on left, Bernice Cordiner, standing, and Barbara Engbretson.

ical, social service, education and all other aspects of the community.

They were assigned to work in specific communities and schools. Each morning, they would stop in at the schools, checking at the principal's office any sick kids. The nurse would take the child's temperature and, if there was a fever, send the child home. Then they checked with each classroom teacher. Afternoons were spent making home visits or at immunization clinics.

Because the nurses worked in specific communities, they knew everyone in those areas, and the residents knew and respected them. "We provided home health care before it was a word," Engbretson says.

Now, the nurses are more specialized, focusing on infectious diseases, maternal and child health, family planning and women's health. The change is largely because of funding, which is now tied to specific programs. Clatsop County Health Department opened the first Medicaid-certified home health program in Oregon, a service that now is provided hospitals.

Sexually-transmitted diseases were an issue then as they are now, although the types have changed. Syphilis and gonorrhea were the big problems; now it's chlamydia. HIV and AIDS were unknown until the late 1970s.

These "grandmothers" manned the frontlines of

some of the greatest successes in public health: the eradication of polio, small pox and hard measles. Cordiner was active in the nurses association and recruited nurses to volunteer to staff community polio vaccination clinics.

Abrahamson and Engbretson remember calling on patients who had lost lungs to tuberculosis. The disease is now rare thanks to the efforts of modern medicine and public health. The last confirmed case of TB in Clatsop County was in 1995.

Diphtheria, whooping cough and typhoid dominated the department's case logs in the 1940s. Those illnesses don't even show up on today's records.

Child abuse was a taboo topic. Though the nurses might suspect child neglect or abuse, or a teacher might whisper their concerns, "you didn't dare accuse anybody of anything," Cordiner remembers. "It was covered up."

However, today's public health nurses help educate and support parents through the MOMS (Maximizing Opportunities for Maternal Support), Babies First! and the Women, Infants and Children nutrition and education program.

One thing that hasn't changed over time is the caring, dedication of the individuals who bring public health services to our community, Cook says.

Provided by Clatsop County Health and Human Services.



